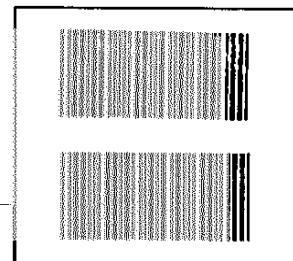


**CHILD CARING INSTITUTION
COMPLIANCE RECORD**
Michigan Department of Social Services



NOTE: Refer to DSS Publication 452 for a complete statement of each rule.

Institution Name	License No.
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RULES		Compliance			See Narrative Section
		Yes	No	N/A	
PART 1 - GENERAL PROVISIONS					
Rule 106.	Original licensure; application.				
Rule 108.	Financing and audit.				
Rule 109.	Program statement.				
Rule 111.	Job description.				
Rule 112.	Staff qualifications.				
Rule 113.	Employee records.				
Rule 114.	Tuberculosis screening for employees and volunteers.				
Rule 116.	Employees; qualifications.				
Rule 117.	Chief administrator; qualifications.				
Rule 118.	Social service supervisor; qualifications.				
Rule 119.	Social service worker; qualifications.				
Rule 120.	Supervisor of direct care workers; qualifications.				
Rule 121.	Direct care worker; qualifications.				
Rule 126.	Sufficiency of staff.				
Rule 127.	Staff-to-resident ratio.				
Rule 128.	Initial staff orientation and ongoing staff training.				
Rule 130.	Privacy and confidentiality.				
Rule 131.	Compliance with child protection law; development of plan required.				
Rule 132.	Grievance procedures.				
Rule 133.	Institutional care for children under 6 years of age.				
Rule 134.	Case record maintenance.				
Rule 137.	Discipline and behavior management.				
Rule 138.	Religious policy and practices.				
Rule 141.	Initial documentation.				
Rule 142.	Resident and parent visitation.				
Rule 143.	Written procedures for institutions serving developmentally disabled.				
Rule 144.	Education.				
Rule 145.	Mail.				
Rule 146.	Personal possessions and money.				
Rule 147.	Clothing.				
Rule 148.	Resident work experience.				
Rule 150.	Behavior management rooms; department approval required.				
Rule 152.	Behavior management rooms; policy and procedures.				
Rule 160.	Health services, policy and procedures.				
Rule 161.	Medical treatment; supervision.				

Institution Name

License No.

RULES		Compliance			See Narrative Section
		Yes	No	N/A	
Rule 163.	Periodic physical examinations.				
Rule 167.	Reporting hospitalization or death of resident.				
Rule 168.	Personal hygiene.				
Rule 169.	Resident nutrition.				
Rule 170.	Emergency and disaster procedures.				
Rule 172.	Inspection and approval of institution.				
Rule 173.	Plans and specifications.				
Rule 175.	Space and equipment requirements.				
Rule 176.	Recreational activities, equipment, and supplies; swimming restriction. ...				
Rule 177.	Sleeping rooms.				
Rule 178.	Bedding and linen.				
Rule 181.	Driver license.				
Rule 182.	Seat occupancy.				
Rule 183.	Safety belts.				
PART 2 - ADDITIONAL PROVISIONS FOR SHORT-TERM INSTITUTIONS					
Rule 231.	Residential care after 48 hours.				
Rule 232.	Admission physical examination.				
Rule 234.	Preliminary service plan.				
Rule 237.	Resident assessment.				
Rule 238.	Discharge plan.				
PART 3 - ADDITIONAL PROVISIONS FOR RESIDENTIAL TREATMENT INSTITUTIONS					
Rule 331.	Admission of child.				
Rule 332.	Admission physical examination.				
Rule 334.	Immunizations.				
Rule 335.	Dental care.				
Rule 336.	Initial service plan.				
Rule 337.	Updated service plan.				
Rule 338.	Content of discharge service plan.				
PART 4 - ENVIRONMENTAL HEALTH AND SAFETY					
Rules 401 to 435 Environmental Health and Safety.					
PART 5 - FIRE SAFETY FOR SMALL, LARGE, AND SECURE INSTITUTION FACILITIES					
Rules 501 to 568 Fire Safety for Small, Large, and Secure Facilities.					
PART 6 - FIRE SAFETY FOR RESIDENTIAL GROUP HOME FACILITIES					
Rules 601 to 666 Fire Safety for Residential Group Home Facilities.					
NOTE: See Separately Compiled Reports for specific findings for Parts 4, 5, and 6.					

CHILD CARING INSTITUTION COMPLIANCE RECORD

Michigan Department of Social Services

- ☐ License
☐ Approval

Institution Name		License No.	
Address (Street Number and Name)	City	State	Zip Code

ACTION

- ☐ Original
 ☐ Renewal
 ☐ Interim
 ☐ Other (Specify) ▶

Recommendation:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Regular | <input type="checkbox"/> 1st Provisional | <input type="checkbox"/> 2nd Provisional | <input type="checkbox"/> 3rd Provisional |
| <input type="checkbox"/> 4th Provisional | <input type="checkbox"/> Refusal to Renew | <input type="checkbox"/> Revocation | <input type="checkbox"/> Denial of Issuance |
| <input type="checkbox"/> Continuation of the current _____ | | <input type="checkbox"/> Modification of the current _____ to _____ | |

- ☐ Under the provisions of Section 92 of Act 306 of the Public Acts of 1969, as amended (The Michigan Administrative Procedures Act) a final recommendation is being deferred _____ days to provide you an opportunity to correct the non-compliance(s) cited in this report. Under the provisions of Section 91 (2) Act 306 of the Public Acts of 1969, as amended, your current _____ continues in effect.

- ☐ Within _____ days of your receipt of this report you will need to submit to this office written confirmation that each rule non-compliance has been corrected for rule(s) _____

- ☐ Within _____ days of your receipt of this report you will need to submit to this office a plan of correction specifying how each rule non-compliance will be corrected, who is responsible for monitoring the plan and the date by which correction will be achieved for rule(s) _____

Terms Applied For LOCATION	AGE RANGE				SEX		SETTING		PROGRAM		CAPACITY	BEHAVIOR MGMT. ROOM	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FROM			TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female		<input type="checkbox"/> Open <input type="checkbox"/> Secure		<input type="checkbox"/> Short Term <input type="checkbox"/> Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TOTAL CAPACITY ➡

Child Welfare Licensing Consultant Signature	Date	The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.
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